

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H14000095854 3)))



H1400009585434BC3

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
 Fax Number : (850) 617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE  
 Account Number : I20000000019  
 Phone : (305) 552-5973  
 Fax Number : (305) 220-1440

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**AHMED QUINTANA MPT PA.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

FILED

16 APR 22 PM 1:40

STATE  
 SECRETARY OF  
 TALLAHASSEE, FLORIDA

RECEIVED

14 APR 22 PM 5:01

STATE  
 SECRETARY OF  
 TALLAHASSEE, FLORIDA

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

Ahmed Quintana MPT PA.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

2831 SW 139 CT  
Miami FL 33175**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Physical Therapy.**ARTICLE IV SHARES**

The number of shares of stock is:

100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:

AHMED QUINTANA  
PRESIDENT

Name and Title:

Address

2831 SW 139 CT  
MIAMI FL 33175

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

FILED  
14 APR 22 PM 1:40  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

H14000095854

H140 00095854

(conti.)

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: AHMED QUINTANA  
Address: 2831 SW 139 CT  
MIAMI FL 33175

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: AHMED QUINTANA  
Address: 2831 SW 139 CT  
MIAMI FL 33175

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
\_\_\_\_\_  
Required Signature/Registered Agent

4-22-14  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

  
\_\_\_\_\_  
Required Signature/Incorporator

4-22-14  
Date

FILED  
14 APR 22 PM 1:40  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

H140 00095854